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CASES IN COUNTRY PRACTICE.—No. X.

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[Communicated for the Boston Medical and Surgical Journal.]

FIBROID POLYPUS OF THE UTERUS.

IN Vol. LXvii., No. 3, of this JOURNAL, I related a case of successful removal, by excision, of a large, non-pedunculated outgrowth from the inter-uterine wall. As was then remarked, the facts in that case furnished no exceptions to the truth of the observations of Dr. Baker Brown, of London, that the vascularity and vitality of such growths may be very much interfered with by gouging out a portion of their substance, and that they may be thus successfully treated. Besides other writings upon the subject, in part li. of *Braithwaite's Retrospect*, a third paper by Dr. Brown is referred to, in which he confirms by additional evidence the truth of his former positions, and suggests some improvements and modifications. He endeavors, for instance, to show that by merely incising the os uteri in such a manner as he describes, the hæmorrhage so common in these cases may be controlled, and the tumor afterwards destroyed. Yet despite all his teachings and those of others, and despite the evidence of some of the first names of the profession, as to the safety of excision, and the frequent real danger of the ligature, it is still quite commonly resorted to as being safer, and an endless variety of instruments to facilitate its application are to be found in many offices, or cumbering the show-cases of the shops. I may be merely repeating that which has already been better said, and I feel diffident in even venturing at all upon ground which has been, and is still, occupied by men so distinguished for their scientific attainments and large experience as those who make the diseases of women their special study. Still the humblest pen may do good by reiterating and pressing truth upon the attention, by asking of the experienced if the opinions it holds be founded upon truth, and by contributing its record of cases, few though they may be, and of themselves perhaps of small interest, to the common stock of evidence.

Those whose first idea, when a case of fibroid uterine polypus pre-
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sents itself, is its removal by ligature, are probably led to adopt it mainly by a vague fear of hæmorrhage, as a consequence of the adoption of any other plan involving the use of cutting instruments. "The ligature is safe," say its advocates, and the practitioner who perhaps would rather shrink from many a common surgical operation, feels no hesitation at entering upon one really *dangerous*, because he is only to use a bit of silk or wire. I say dangerous, because the destruction of these fibroid growths, especially if of large size, by the ligature is dangerous, if the testimony of many distinguished and experienced surgeons is to be believed. We might almost so characterize it on the evidence (were there no other) of Dr. R. Lee,* cited by West, in his work on "Diseases of Women," as a "most strenuous defender of the ligature," for he admits in 20 operations a mortality of 9, which West speaks of as more than double that of lithotomy, as high as that which occurs in placenta prævia, and higher than the mortality from malignant cholera. Says Dr. J. Marion Sims, of New York: "Removal of polypi by ligature is really a dangerous operation, resulting not unfrequently in pyæmia and death." It may be said, that could we obtain returns of all the operations of this kind in which the ligature was safely used, the side *per contra* of fatal results would seem very small. Were there no other way of removing more safely fibroid polypi, such returns might be considered satisfactory; as it is, it would appear, they are worth just about as much, and no more, as those adduced in favor of chloroform against sulphuric ether, drawn from the thousands of instances of the use with safety of the former anæsthetic. Statistics are but dry consolation for a bereaved family. What is the objection to the operation of excision? The danger of excessive hæmorrhage? West found no such difficulty in eight cases so treated. Velpeau gives 20, with the same result. Lisfranc but 2 in 165, and Dupuytren but 2 in nearly 200; yet all these three last-mentioned distinguished operators, according to West, "refer to cases of phlebitis, or peritoneal inflammation, leading to a fatal issue after the use of the ligature."

In connection with the foregoing remarks, and with the case before reported and referred to (Vol. Lxvii., No. 3), I would like to mention the two following.

Called to Portland, Conn., to see, in consultation, Mrs. W., represented by her attending physician to be the subject of a tumor, or enlargement of some sort, which, pressing from below upwards, partially occluded the vagina. From the vagina, however, had taken place during a few days before, a hæmorrhage so persistent and violent as to reduce the patient to an extreme degree of prostration. It was his opinion that this hæmorrhage depended upon a polypus of the uterus, but he had not been able to examine the case satisfactorily to himself, owing to the tumefaction below the vagina. I found this

* Ovarian and Uterine Diseases. London. 1853.

tumefaction to be caused by two enormous masses of intestinal concretion, of almost a stony hardness, and which could only be removed from the rectum by breaking down their substance with instruments, assisted by enemata. They consisted of a dry faecal matter, with undigested substances, but I think the nuclei of both were gall-stones. Proper temporary measures were then employed to arrest the hæmorrhage, and the patient, being much exhausted and very weak, was allowed to rest until the following day. The next morning the polypus, which, as had been supposed, was the cause of the bleeding, was removed by excision in the following manner. A loop of wire was passed over the pedicle, which was slender, but very short, and torsion was then easily effected, by twisting the wires, and also by turning the polypus with claw forceps. The next step was to divide the pedicle with long, blunt, curved scissors, guided by the forefinger of the left hand. No bleeding of any consequence followed, and the patient's recovery, though slow, was entire, and she has since enjoyed good health.

August, 1865. Called to E. Hampton, Conn., by Dr. Edgerton, of that place, to see, in consultation with him, Mrs. C. Some two years before this I had been called to see the same patient, who was then quite anæmic, and constantly afflicted with menorrhagia at each period. The opinion was then held that the hæmorrhage very probably depended upon uterine polypus, but the diagnosis was not at that time verified. As time went on, the lady often presented temporary fallacious appearances of health, and was so far restored (it was thought by her family) that a consistent, patient investigation and treatment of her case was not invited by them. I had almost lost sight of the case, at the time of receiving the call above noted, and I was much shocked to find Mrs. C. in so critical a condition. Anæmic to the last degree, she had, moreover, a sallow, cachectic look, which did not argue well for her recovery. On examination, I found a firm, elastic tumor filling the vagina and almost projecting beyond the labia. The pressure was not as great upon the adjacent parts from the elasticity of the tumor, but it filled the pelvic space as much, as a foetal head of ordinary size would at term. I found she had been operated upon some little time before, by a surgeon of reputation and skill, who had removed by the ligature quite a large mass. But the pedicle upon which the ligature had been applied was either independent of the uterine connections of the present outgrowth, or was implanted upon it through the os. Whichever was the case, the tumor now present had been subsequently extruded. The abdomen, in consequence, over the uterine region was so much flattened that the opinion was even hinted at that we might be dealing with a case of procidentia uteri. This idea was not sustained on examination.

The patient's condition was as bad as it could well be at this time. Reduced by loss of blood to a fearful extent, her slender remaining strength was being slowly sapped by the vitiated air of her room, for the outer coverings of the polypus were sloughing, and in spite of the

greatest care the foul discharges from it were very unpleasant. The indications were simple enough, but it was a little hard to say what plan of treatment would best fulfil them. The polypus, the foul focus of irritation, must be removed, and that speedily if the patient was to survive; but it was equally clear she could bear no more loss of blood. It was found impossible, both by myself and others, to pass a ligature over and beyond the tumor, so as to include it, neither could the finger be forced over it, so as to reach the pedicle. In view of this, August 6th and 10th, operations were practised, with a view to diminish the vitality of the growth. A ligature was passed through it, and a large core the size of a hen's egg removed from it. The hæmorrhage from the bottom of the hole thus made was not allowed to continue, and it was readily checked by tampons imbued with persulphate of iron, but it was of a kind and character which made it evident that further cutting was then inadmissible. There were some things about the whole appearance of the case which made me a little fearful of malignant disease, and I was very glad that no abnormal elements were found, on microscopic examination, in a section from this core thus removed, and, August 13th, it was decided to run all risks and remove the tumor at once by excision. A Sims speculum was introduced, the mass seized with claw forceps, and removed piece by piece. *There was no bleeding* now of any account at all. Vessels of good size could be seen as the cutting approached the centre of the mass, but when cut across they did not bleed. They contained coagulated blood. What is more, the coagulation had begun, I feel sure from the appearances, from the core where the iron had been applied. At last enough was cut away to give a fine view of a broad, white pedicle growing from one of the lateral walls of the uterus. The os, dilated by the passage of the tumor, had not again contracted upon the pedicle, and it was not difficult to divide it close to the uterine wall with curved scissors, guided by the finger. The patient's recovery was very slow, and for a time doubtful. She was constantly attended by Dr. Edgerton after the operation, and has now, February, 1866, got entirely well, having a good healthy color, and weighing, although not of large frame, 146 pounds.

It would be absurd, of course, for me to generalize upon such slim data as my own experience of these cases has furnished, but in view of that of others will it not do at the present time, with all the facilities which modern surgical invention has furnished, to make excision, subject to certain *preliminary* precautions, the rule for the treatment of fibroid polypi, and let ligation be the exception? Will it not be safe to take, as general rules of practice, something like the following?

1. If the polypus be still within the uterus, dilate the os and take a core from it, or lacerate its capsule, applying ferri persulph. Its vitality being destroyed, it will cease to act as a violent excitor of hæmorrhage.

2. If it have been extruded, and be small, with a slender pedicle, use torsion, and excise in twenty-four to forty-eight hours afterwards.

3. If large, remove a large conical core whose apex shall reach the centre of the mass, fill the cavity with persulphate of iron, forced in by tampons of cotton, and excise in three days, removing piece by piece cautiously, with curved, blunt scissors.

GUN-SHOT WOUND OF THE BRAIN—RECOVERY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—On the 17th of May, 1863, I was called to see A. G., aged 7 years, who had been accidentally shot. I found that my patient had been wounded in the centre of the frontal bone, sixteen small shot having entered the brain, making a ragged, singular hole in the bone, nearly an inch in diameter. My little patient was comatose; and believing the wound to be a fatal one, I simply dressed it, removing several fragments of bone, and left, saying to the parents that she could not recover.

To my great astonishment I learned, some days after, that the little girl was still living, and was being treated by a sort of quack, who was the family physician, and three weeks after the accident he called me into his office to see the patient. I found her looking remarkably well, with intellect entirely unaffected, and acting and conversing (her parents said) quite naturally. The wound looked perfectly healthy, except one or two white points, which the quack was attempting to remove with nitrate of silver, but which I saw at once were bone; and taking a pair of forceps I readily removed ten spiculæ, the largest of which was nearly three fourths of an inch long.

Since that time I have not seen the child, but learn that she has entirely recovered, and that the scar is the only remaining indication of the injury.

Thinking the case might be of sufficient interest to merit publication, I have hastily written the above for your use, should you think it available.

Yours truly,

J. O. HARRIS, M.D.

Ottawa, Illinois, January 17th, 1866.

ALUMINIUM AS A BASE FOR ARTIFICIAL TEETH.

[Read before the Massachusetts Dental Society, Jan. 8th, 1866, by N. C. KERR, M.D., President, and communicated for the Boston Medical and Surgical Journal.]

DISCOVERED by Wöhler in 1828, aluminium was known only by name until the genius of Deville, aided by the patronage of the French Emperor, overcame the obstacles which up to that time had proved insurmountable, and presented to the world the pure metal in a form available for use. At first it was produced in small quantities and

at very high cost. I well remember the first specimen which came across the Atlantic, which cost more than its weight in gold.

The announcement of a new metal available for practical purposes made a great sensation throughout the civilized world. Every cabinet wanted a specimen, and for a long time the whole production was absorbed for this purpose. Still there were forecastings as to the uses to which this metal might be applied, when by improved processes it should become abundant and comparatively cheap. I well remember my own high hopes that I might use it instead of gold, and my disappointment when I found I did not possess the knowledge of the peculiar laws by which it could be made into plates, &c., and after a moderate effort I laid aside my specimens.

So far as I know, Dr. C. A. Fowler, of our own State, has the enviable distinction of being the first by his perseverance to actually overcome these difficulties, and to him I am indebted for the metal in a ductile form and the plan of using it without solder. In his process all the different parts are united by rubber, which has first been combined with comminuted aluminium. With this material all vacancies are obviated, desirable forms made, and the unity of the piece secured. When vulcanized and polished, it has a metallic lustre and an approximate resemblance to the metallic plate. The use of aluminium by jewellers, and their appreciation of its value, are sufficiently well known.

The advantages of aluminium in dentistry are:—

1st. It is sufficiently strong and unyielding (having almost no elasticity) to meet all the forces which it may be legitimately called upon to resist.

2d. Its very low specific gravity, 2.50, only $2\frac{1}{2}$ times heavier than water, enables the dentist to offer to his invalid patient a lighter set of teeth than by any other material now in use for base.

3d. Aluminium is not discolored by sulphuretted hydrogen, and is not acted upon by any acids which are likely to be found in the mouth, or by any of the secretions of the mouth, and does not discolor in use.

4th. Aluminium is a pure metal. All alloys are to some extent subject to galvanic action. It is well known that while gold plates were generally used, intelligent and conscientious dentists made their gold plates not less than three fourths pure gold and one fourth alloy, and would have used pure gold had it not been too soft for plates. Ignorant and unscrupulous dentists often used a much larger per cent. of alloy, to the great discomfort of the wearer. Aluminium for plates should be pure; there is no excuse for introducing any alloy. They will thus be entirely free from the galvanic action incident to alloys.

5th. Aluminium is entirely innocuous. Neither the metal nor its salts can become poisonous. Plates of aluminium are easily brushed and kept free from foreign accumulations.

6th. They have the advantage over rubber in being strong and thin, taking up very little room in the mouth. Being thin, they do not give the impression of heat, which troubles some persons very much.

7th. By using aluminium we avoid the bi-sulphuret of mercury, which, though not a very soluble article, has excited solicitude in many minds; and as it constitutes about one half of the weight of "red rubber" we would shun even the appearance of evil and let it alone.

In conclusion, we may congratulate the public that a new article is presented for their choice in artificial dentistry that fills more of the conditions desirable than any other at present or heretofore in use; and we confidently expect that those who have suffered from the weight of their artificial teeth, or from the galvanic action of mixed metals, or the yielding of elastic materials, or from uncomfortable thickness of rubber, or from the fear of injury by reason of the poisonous coloring matter used in red rubber, or from the sensation of heat occasioned by the rubber, which as now used is a bad conductor of caloric, or those who may desire a more artistic, highly-finished, easily cleansed, agreeable and comfortable substitute, will have occasion to thank M. Deville for producing aluminium in available quantity, and Dr. Fowler for his successful perseverance in bringing it into practical use for dental purposes.

To the dentist who should ask whether he had better abandon all other articles and attach himself to this only as a base for artificial teeth, I would say, this is not adapted to cheap dentistry. In the first place, the use of aluminium for dental purposes is patented, and we have no reason to think this patent "unjust or illegal." Then the labor and care in working being much greater than is now generally bestowed on rubber work, if you are contented and your patients are satisfied, these improvements will do you no good. But to the lover of progress, aiming at perfection, and to those who do not shrink from labor for the best "substitutes" which can be produced, I cordially recommend a trial of aluminium.

ON THE TREATMENT OF VIRULENT AND ZYMOTIC DISEASES.

By H. HJALTELIN, M.D., Inspecting Medical Officer of Iceland.

WHAT is now-a-days our general treatment of virulent and zymotic diseases? I think for the most part only symptomatic; many specifics seem altogether amongst the great physicians in some discredit. This is no doubt the contrary state to the old maxim, especially that of the iatro-chemical school. The universalia of Paracelsus, van Helmont, and others of their followers, are now only laughed at; they had three or four great universal medicaments, viz., *iron, sulphate of copper, and nitrate of potash*, besides their many

renowned organic specifics. All this is now looked upon as a mere superstition and twaddle; good for nothing; and only worthy to be buried in oblivion. The maxim of *Celsus* was—"Non interest scire, quid morbi sint, sed quo modo curentur." The maxim of our time seems to be exactly the reverse of this maxim, viz., "interest scire, quid morbi sint;" and it is from this principle that the many microscopical investigations and the most exact chemical experiments on dead bodies have been instituted of late with the utmost accuracy.

Alas! poor sons of *Æsculapius* as we are, what is come out of all this? The French physicians have some time ago told us, that the Roman physicians, two thousand years back, were fully as able as we are now, to cure diseases, and a very ingenious and able German physician has some years ago told us, that we in vain laughed at the old alchemists, who, according to his view, knew very well what they intended, and had more correct ideas of physic than we are inclined to believe in our time. This view is in some way supported by the great chemist *Liebig*, who, in some of his chemical works, is looking on them with no small esteem, while he, in his last chemical letters, is speaking of our healing art with considerable contempt. In the meantime this is not all; the method of our science is now still further attacked, not only by the homœopaths, but we have the mortification to see one of the most renowned journals in the world, the *Times*, speak of our healing art, not only with great distrust, but even with contempt. "Medical men cannot tell us," says the *Times*, "with any strictness what the type of disease is which is decimating our flocks and herds."

They are not agreed upon, whether the disease is imported from Russia, or whether it is the result of some subtle poison in the atmosphere called into sudden and violent action by atmospheric influences. "As they differ as to the disease, so also they differ about the remedy." This is, no doubt, a melancholy state, and a frightful stroke, not only to the medical men of Great Britain, but also to the high-minded British nation.

It has fallen to my lot to have a great deal to do with some of the most frightful contagious diseases of our time, not only in men, but also in animals, and I have never been in the slightest doubt what to do; my principle has always been to destroy the contagious matter by the most effective disinfecting compounds, using at the same time such specific remedies as I have thought most fit, according to the atmospheric influences and other circumstances. I will shortly tell my experience, which, in truth, has been a very extensive one.

In the years 1848 to 1853, including the former year, I was appointed as superintendent physician to the quarantine establishment near Copenhagen; my duty was to defend the Danish capital from the threatening Asiatic cholera, which in these years often raged fright-

fully in the surrounding countries, especially Germany and Sweden; the cholera was then sometimes raging very near us, as in *Stettin*, *Lubeck*, and many other places in the north: the nearest infected place was, at one time, *Malmöe*. Steamers were then running from and to the quarantine establishment in twelve to twenty hours, and many passengers came to the quarantine, not only with severe symptoms of choleric diarrhoea, but also with the first symptoms of the advancing disease itself. Disinfecting compounds, especially chlorine gas, were daily made use of in the most consequent manner, whilst I, at the same time, stopped every diarrhoea with the most effectual remedies, amongst which I used tannic acid and sulphate of copper. No deaths occurred among the many thousands that visited the quarantine in the aforesaid period, and no cholera was then introduced into the capital of Denmark. During the winter of 1853, the quarantine for the kingdom of Denmark was abandoned by law, according to the advice of the Diet (*Rigsdag*); but about four months afterwards, the Asiatic cholera made its first appearance in Copenhagen. I did not, in the beginning, trust my own eyes, because I was, with some others, accustomed to the view that cholera was, by some unknown causes, prohibited from making its ravages in the Danish capital; but soon I got convinced of the real truth, and then I saw it was the same plague which I for some years since had seen in Berlin. The people of Copenhagen were struck with astonishment, exclaiming, "Oh! that we had not abandoned the quarantine! It has surely saved us for many years; but, now, since it is abandoned, we are to have the plague." Before the outbreak of cholera, I was determined to visit my native country, and the vessel which was to carry me sailed two weeks after the appearance of the cruel Asiatic guest. I had, some years back, written a little pamphlet on the preservative remedies for cholera, in which my opinions about some disinfecting compounds were exposed, and in which I had shown that the cholera fright was nearly as dangerous as the cholera itself. I told some of my medical brethren that the best course to take was, according to my conviction, to stop the diarrhoea as soon as it came on, to use strong disinfecting compounds, and to keep the cholera fright down amongst the people as much as possible.

When I had arrived in my native country, I had to deal with another frightful contagious disease amongst the sheep; it was a sort of plague that in some places had nearly decimated the flocks, and had lasted for some years. The Danish Government, which was aware that I took much interest in the veterinary science, and had for that purpose for some time visited the veterinary school of Copenhagen, under the guidance of that excellent veterinarian, Professor *Wiborg*, asked me to do what I could against the plague amongst the sheep in Iceland. After having made some autopsies, I wrote a statement about the disease to the Danish Government, and this having been laid before the College of Veterinarians of Copenhagen, was

afterwards printed in the *Veterinary Journal*, with very flattering remarks on my description of this plague. The college animated the Government to let me continue my measures. And so I continued to look for new autopsies; but I am now not a little surprised to read of nearly the same pathological conditions in the description of the raging rinderpest in England as I then found in the dead sheep here.

I had, in my aforesaid statement, tried to show that the then raging sheep disease of Iceland was in its nature a most dangerous and contagious *sheep-typhus*, which, according to my conviction, ought to be treated with effective disinfecting remedies. The chlorine gas was now again employed in the most strict manner, the sheep stables were to be filled with that vapor, and the sulphate of natron (salt of Glauber) was administered to all sheep where the plague was raging, in order to clean the intestinal canal effectually. The salt of Glauber was often mingled with sulphur (about half an ounce to two ounces of the salt of Glauber) with the best effect. I looked upon these remedies as true preservatives, which ought to be administered as soon as possible, and given to all the flock where the disease was raging. The effect was really wonderful, and the frightful disease decreased rapidly in all the flocks where this treatment was followed. The belief in both those remedies is still so strong amongst many peasants, that I annually am getting letters from very remote parts of the island, convincing me of its reiterated efficacy. Unhappily enough, was this frightful disease after some years followed by another far less dangerous complaint, viz., the scab of the sheep, which, in the former century, during sixteen years had made considerable ravages in this island, but was supposed to have been stopped by an extensive slaughter of these animals. In the meantime, this slaughtering cure was then in some measure followed by a frightful famine, which nearly decimated the people themselves.

In the beginning of the new sheep scab my advice was asked, and my answer was, "You must not think to stop this disease by slaughtering the sheep; nobody can know how far it already may be spread, and it is, at all events, quite curable." I then advised the inhabitants to make a bold use of one *specific* remedy against this complaint, and this was the scab-bath of *walze*, which I had seen used in other countries with perfect success. In vain I told my countrymen this; they would not believe me, except very few of them. A general public clamor arose: "We have got an intractable disease into our country, like that scab disease of the former century: it is a great plague, quite incurable; it is come from England, like the scab plague of the former century; slaughter is the only remedy." This was the general talk. But to this I answered: "Do not disbelieve in the veterinary science; the sheep scab is quite tractable; we have a specific remedy against it. The disease is not imported; it is only a higher degree of the well-known milder scab of these animals, which, on ac-

count of the great heat and dry weather of the last summer (this was in 1855), that has been extremely much favoring the evolution of the *acarus scabiei*, has thus become an epizootic." The governor in the south was of my opinion, but the governors of the west and north part of this island strongly opposed us, regarding a general slaughter of all affected and suspected animals as the only admissible remedy. A general slaughter of no less than 138,000 sheep then followed, the greatest part of which were only suspected, but not affected at all. The fear for the contagion amongst the people now went to its highest degree, and reminded one of that extreme fear for the Asiatic cholera contagion when letters and newspapers were believed to spread that disease to uninfected localities. In the meantime, some people who believed in my opinions also about this disease began to cure their sheep with the remedy of walze, and were completely successful. By this, two parties arose amongst the peasants—the curing party and the slaughtering party. The latter party was strongly assisted by the governor of the west and the governor of the north, who, in an open letter, declared the disease to be the most intractable plague introduced from England. The matter came to the decision of the Danish Council, which, after a conference with the veterinary college, decided for my opinion. The King of Denmark himself sent his chief veterinary physician, the Professor Ischerning, a very learned and practical veterinarian, up to us, followed by the most popular Icelander, the Chairman of the Althing, and some other veterinarians. The Danish Government ordered to stop the slaughter, and the curing principle was introduced in all places where any scab was to be found. Many of the inhabitants were reluctant against the measure, and are still so obstinate that they must be compelled to do their duty. It was now found that the *acarus scabiei* of the sheep was no new animal introduced from England into this country, for it had been found in the northern part of this island in considerable quantity for more than forty years back, and this was stated by the Professor Ischerning from a very nice picture of this little animal.

The curing principle is now universally in use against the sheep scab in the southern part of this country; and although there may still be found some blockheads who are unwilling to cure their flocks, the *specific virtue* of the walze remedy against scab is established, and the sheep flocks are increasing to a considerable extent.

In the years 1858–61 a frightful contagious typhus raged all over this island, as may be seen from my description of that malady inserted in the *Edinburgh Medical Journal*, 1863, p. 217, and I then again took refuge in my usual disinfectant treatment, and it was executed on many hundreds of patients with great success. The belief in this treatment is grown so strong amongst the population that they look upon it as quite specific in this disease.

During this summer a dangerous puerperal fever broke out in the

western part of our country. The physician there asked my advice and counsel, and I advised him to make bold use of chlorine gas in all the houses where this malady had broken out, and ordered him to have all utensils and clothes which had been in contact with the sick or their attendants washed in chlorine-water. This was done, and the physician now writes to me that the fever has been instantly much mitigated, and no deaths have occurred since this measure was brought into execution.

It would lengthen too much these few remarks if I were to expose my humble individual opinions on virulent and zymotic diseases, and I will only make the remark, that it seems to me that the name of zymotic disease is most applicable to such maladies, where we, by induction, seem justified in accepting an agent like that of fermentation, putrefaction, or of a catalytic nature. I know that the learned Mr. Simon, in his admirable lectures on pathology, scouts the notion of any true fermentation in virulent and zymotic diseases; but I have always thought that the great chemist, Liebig, has only used these words analogically, to signify some still hypothetical subtle stuff, causing, like diastasis, an unusual but very destructive metamorphosis in some albuminous compounds of organized bodies. The deleterious actions of such a promoter may, according to my view, be stopped by many chemical compounds, as fermentation and putrefaction are unquestionably counteracted by chemical remedies, and, according to the empirical facts of medicine, we seem justified in calling them disinfecting remedies. They are also, in more or less degree, parasitocidia, and belong, for the most part, to the metalloids or metals; the most effective seem to be chlorine, bromine, iodine, nitrogen and sulphur in their chemical combination with oxygen, hydrogen, and some of the metals, as iron, copper, mercury, zinc, calcium, and formyl. The chlorine gas, muriate of iron, sulphate of iron, sulphate of copper, iodoform, and muriate of zinc, have all been tried by me in several zymotic diseases, and, as it seems to me, with good success. Thus, I have tried chlorine gas, iodoform and muriate of zinc in typhus, as well in men as in animals, with no small success; chlorine gas, sulphate of iron and sulphate of copper in cholera, dysentery, diphtheritis, and adynamic pneumonia; chlorine gas and muriate of mercury in puerperal contagion; and muriate of iron in epidermic erysipelatous inflammation. It is evident that, if the morbid cause of an infectious disease has already produced extensive pathological destruction in men or animals, then the disinfecting compounds will be of little or no use; they must be had recourse to in the outset of the diseases; for they are, for the most part, aimed against the real cause of the virulent diseases, and not against the pathological products resulting from such a cause. "*Sublata causa, tollitur etiam effectus.*"

The disinfecting remedies of vegetables are certainly far inferior to the organic compounds; among the most trust-worthy of them are

charcoal, ethereal oils, camphor, some aromata, creosote, and empyreumatic oils and fluids. In miasmatic diseases, whether of an atmospheric or telluric origin, some of them, as chinine, salicine, coffeine, &c., are of great value; but that they can destroy real virulent and zymotic diseases is still very uncertain.* Many remedies of this great class are excellent parasiticidia, and their neurosthenic, sedative and anti-spasmodic virtue is undeniable. The specific organic remedies of the alchemists are nearly put down by the modern systems of medicine; and it is undeniable that the modern pathological schools, whose maxim it is to leave most acute diseases to their own course, to the healing art of nature, or to the so-called expectative method, have nearly shaken down the public belief in medical agents, and made the modern followers of Hippocrates equal to the decillion doctors in public opinion. No wonder, therefore, that the homœopathists are gaining ground in reverse proportion to the followers of Rokitansky, who are losing it. Eminent physicians of our time are beginning to feel the uncertain state of our science, and the excellent physician, *Thomas R. Chambers*, has, in his remarkable work, "*The Renewal of Life*," remembered this when he says:—"To the practitioner I will urge the necessity for having firm faith in the work he is busy upon, and in the *tools* he uses. Without this he can look back with no conscientious pleasure on his daily toil; his moral nature will degenerate day by day; he will have but a slighting scorn of those whose applause he would value in old age; and, worse than all, he will deserve it. The sooner a sceptic leaves our profession the better. He that complains of the want of something to believe in, I am sure has not sought for it." These are remarkable words, but, according to my conviction, true and most worthy to be remembered by every medical man, whether a veterinarian or a doctor for men.

The afore-named article in the *Times* of 4th October last—"The Doctors and the Public Health"—contains some sad, but I am sorry to say, true hints of our disbelief in physic, and of our indetermination to meet dangerous pandemic and epizootic diseases; but what can give a more deadly blow to the medical profession than these words of this remarkable and most valued newspaper in the world? "It does so happen at the present moment that these two purely physical ailments (cholera and the rinderpest) are the only clouds of any importance which darken the national horizon. We turn to the medical profession for aid, and we are sorry to say that, as seems invariably the case under such circumstances, the answers we receive are so various and contradictory as to afford us little or no guidance."

* There is also one remedy which must be named here, and it is the *cold bath*, ice internally, and cold, often reiterated cold super-infusions. This remedy has often, both in epidemics and epizootics, showed its great and wonderful efficacy. It promotes the reaction of the whole surface of the body, and restores, often wonderfully, the natural heat better than warm applications.

I myself have never seen the "rinderpest," but read a good deal of it; it is, no doubt, a zymotic disease of a very serious kind, but I think it cannot be intractable: it must, like all other acute ailments, be curable and preventible, only that we are not unhappy disbelievers in chemical remedies, but have a founded conviction of disinfecting and specific physic, being at the same time not afraid to interrogate the *nature* of the true effects of such remedies. A mere symptomatic treatment will hardly do, or have any great effect in such cases; the specifics must be detected, not only the preventive, but also the curative ones, and this is a worthy task for the compatriots of Jenner.

The discovery of the eminent physiologist, *Professor Virchow*, of Berlin, that the ciliated epithelium, when once out of motion, is again only put into this action by potash and soda, is one of the most interesting discoveries in medical science, and cannot fail to strengthen the nearly quite gone belief in specifics. Dr. Rutherford Haldane's most interesting lecture in the Royal College last winter, which has been printed in the *Edinburgh Medical Journal* of February last, is very worthy of a man of great learning and strict logical reasoning, and it cannot fail to open the eyes of many disbelievers in specifics, and lead the young students to a better and clearer insight in physic than has hitherto been common amongst medical students; on the one side, we look upon this way of reasoning as the only one able to lead us from the disheartening and humiliating manner of killing sick domestic animals. We know very well from medical history that bad and dangerous pandemics and epizootics have very often visited Europe in former days, and will still continue to do so, notwithstanding all our sanitary measures, which only serve to mitigate them, and may render them less dangerous, but can never totally prevent unforeseen atmospheric and telluric agencies, which, in all time, have been the first promoters of all pandemic and epizootic diseases.

It is to be hoped that the disheartening, and, for all medical science, so degrading a manner of curing epizootics by slaughter will soon be followed by a better plan, and more worthy the medical profession; for the slaughtering cure can only be of any real use where we are able to draw a reliable line of demarcation between sound and sick animals, and where physical agencies, which have occasioned the epizootic, are no more at work; but these conditions seem now not to be present in England, and the English veterinarians will therefore be compelled to make use of the curing principle as the only saving measure for their country. We wish them most heartily a good success, and hope that they will trust to the effective disinfecting compounds, and some of the afore-named mineral and vegetable remedies, and use them energetically and with the utmost strictness and consequence, taking, at the same time, all due and applicable quarantine measures where those might be applicable.

This being done with energy, we have little doubt of their good success in saving their great, high-minded and most noble nation from a tremendous loss of the most useful domestic animals. "Deus adjutat fortes."—*Edinburgh Medical and Surgical Journal*.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, FEBRUARY 15, 1866.

MEDICAL EDUCATION—NEW PROFESSORSHIPS IN THE MEDICAL DEPARTMENT OF HARVARD UNIVERSITY.

THAT medical education in America is rapidly changing its character may be seen by a glance at the long prospectuses sent out from the principal schools of our chief Atlantic cities. Until within a few years the whole public instruction of the student was limited to an annual four months' course of lectures, and the number of instructors everywhere corresponded to the six or eight general departments into which medicine had been divided for centuries. During the rest of the year he was left to manage his own education as he chose, and at the end of three years, a period of probation which was only nominally required by certain faculties, if he could pass a ridiculously easy examination in a certain proportion of these departments, he got his degree of Doctor of Medicine. With this necessarily general groundwork of knowledge, and without any proper clinical or special training, he went out into the world, either to make himself by observation, reading and natural shrewdness the really excellent, practical family physician, such as nearly every village in America may boast of, or to remain through life a very ignorant and cheap doctor. The few who fortunately had the means went at once after graduation to famous European schools, where medicine seemed a strange, almost a new science to them, and where years might be spent in learning what was there taught in but a single subdivision of one of the old general departments.

Probably none were more sensible of, or more regretted the defects in our system of medical education, than those who have been professionally engaged in it here in New England, and efforts were made by them under the only general authority recognized, our national Association, to raise its character by a mutual agreement on the part of all the schools in the country to insist upon a full three years' course of study and a more thorough examination before conferring degrees, but such a change threatened the financial prosperity of some of them by interfering with the chief source of their popularity, and nothing was effected. It was evident that without a central governing power all action in this direction must be individual. Harvard University had already taken the first important step by extending its course of instruction so as to cover the whole year in the medical, as in all its other great departments of study, and this system has been quite generally imitated within a few years by other large schools. It is, however, still non-obligatory, and although the summer sessions, so-

called, are rapidly becoming more popular as their great importance is more widely appreciated, the custom remains everywhere in operation of conferring a degree upon any person who has had his name entered with any sort of a physician for three years and has bought tickets for eight months of lectures, provided he can pass a very simple examination in a certain number of the branches taught. In a country which boasts of its system of popular education as the best in the world, and where the interval which should always separate professional from general knowledge, if respect for the former is to be preserved, must necessarily be maintained by corresponding extraordinary progress in the former, in that country alone is medical education limited to the short term of three years. It has been found impossible, as has been said, to lengthen it by general agreement between the schools, but it should at least be made incumbent on their part that the most should be made of this brief period of training by using the whole year for instruction, and on the part of the student, that he should be obliged to attend the summer as well as the winter course. So much, we think, the American Medical Association may demand, and we doubt if any school now would dare object to a step which would not interfere with their own success and which would contribute so materially to elevate professional rank amongst us.

It should also insist upon students passing a satisfactory examination in every department before he can obtain a degree. If these branches, each and all, are considered an essential part of a medical education, of course no person is fitted for practice until he has acquired the slight knowledge of them necessary to pass the examination at any of our schools. Full diplomas of *Medicinæ Doctor* are given, however, in cases where the candidate is so ignorant in these elementary branches of knowledge as to fail to pass in several of them.

Another and a far more important change in our system of medical education is the increase in the number of instructors in the schools within the last few years. It has become an impossibility for any man to know or to teach as a professor should, all that modern science has done in departments of medicine formerly included under a single head. In Europe it has long been the custom to divide and subdivide these branches, and instruction is there given not only by the numerous occupants of the regular chairs, but by so-called extraordinary professors and special instructors. Our own University has been among the first to recognize the necessity of such division of labor, and has accordingly created the system of adjunct professors, assistant professors, and assistants, so that more than twenty instructors are now engaged in teaching in this department, in which seven were considered sufficient less than ten years ago.

It gives us great pleasure to announce among these recent changes, that a chair of Comparative Anatomy has just been established, and that Prof. Jeffries Wyman has been appointed to fill it. His preëminent rank in this branch of science, his wide reputation, and his long experience and success as a teacher in another department of the University, make this appointment one of the most important in the history of the Medical College. It is a satisfactory proof, moreover, that the Government of the University comprehends the importance of such collateral branches in the education of the future physician, which have

hitherto been almost wholly neglected. The unparalleled richness of Prof. Wyman's own museum and the accessibility of others amongst us, afford opportunities for the illustration of this important branch of science such as no other city in this country can command. Prof. Owen recognizes, in his new book on the "Anatomy of the Vertebrates," "seven ways" of anatomical study, and describes anthropotomy, or the anatomy of man, as "knowledge of the structure of an animal without reference to or comparison with any other, its species being regarded as standing alone in creation," and wisely adds that "no special anatomy can be rightly and fully understood save on the basis of the general science of which it is an integral part."

Our readers will also be pleased to hear of the appointment by the corporation of Dr. Richard M. Hodges as Adjunct Professor of Surgery, and of Dr. Joseph S. Lombard as Assistant Professor of Physiology, both subject to the ratification of the Board of Overseers. These gentlemen are well known to the profession for their attainments in their respective departments, and will add much to the strength and high reputation of the school.

We would call the attention of our readers to the following communication, in the hope that it may elicit the information that it asks for.

Messrs. Editors,—The first physician in Boston was Dr. John Clarke, whose portrait now hangs in the Historical Rooms. His wife, the "first virgin who ever set foot on the spot of land called Boston," as tradition has it, was Martha Saltonstall, the only own sister of Sir Richard. They went first to Newbury, into the neighborhood of the Whittinghams, of Ipswich, in 1639. Dr. Clarke came from the north of England, probably from Durham, for he soon returned to the mother country, where he chartered five ships to bring over stock, which he established in Plymouth colony, where it long retained the name of "Clarke's Breed." Martha Saltonstall's second stepmother was of the family of the Duke of Gordon, and Martha brought to this country a "gold goblet," which was *her* gift. Her husband brought two parchment diplomas, with heavy seals attached—one from the College of Physicians, one a special diploma for his success in cutting for the stone. The goblet and the diplomas were considered of sufficient importance to be mentioned in the wills of several successive generations. He is also said to have been the first person on this continent who performed the operation of trepanning, and in 1656 patented a stove, the forerunner of Franklin's. Dr. John Clarke, 2d, son of the above and Martha his wife, married Martha Whittingham, the lineal descendant of John Calvin's sister and Dean Whittingham, of Durham. Three sons were born of this marriage—

1. John the third, whose line died out in the seventh Dr. John Clarke, who died childless in 1807.

2. William, who died childless, his property reverting, through his widow, who was his cousin and a Whittingham, afterwards wife of Gov. Saltonstall, to Harvard College and the children of his older brother.

3. Samuel, who had a large family of children, some of whom died before him. The family was more distinguished in a political as well as medical way than it is proper to state here, but Samuel was a mer-

chant. He wrote, in 1731, a brief chronicle of the glories of his family, showing an honest pride in his descent, his gold goblet, and the two diplomas; but strange to say, the fate of these last articles is now unknown. We are nowhere told the name of his wife, nor can we trace the fortunes of the children who survived him. The Hon. James Clarke, believed to be his *third* son, was his executor in 1748. If the diplomas still exist, they must be in the possession of some medical Society or in some private medical cabinet. It has become desirable to trace the family of Samuel Clarke. Some of his sons may have gone to what is commonly called the "Cape," or to the farm in Plymouth County, where the family stock was long raised. Information is solicited, and any papers sent to the Editors of this JOURNAL will be gratefully received, and if of real value properly paid for.

Boston, January 21, 1866.

SALTONSTALL.

Foreign Intelligence.—It will be remembered that homœopathists were allowed to try the effect of their practice upon the cattle affected with the rinderpest in England by the Royal Commission. The results of this treatment are all that was anticipated. Of the first batch of 21 selected, all died; of the second batch of 45 animals, 39 are dead and the remainder still sick.

The following are the conclusions of the Medical Commission of Norfolk with regard to the cattle plague. They furnish indirect support to the views recently published by Dr. Murchison concerning the resemblance between this affection and smallpox.

1. The disease is the result of a specific blood-poison.
2. It is an eruptive disease, closely allied in its nature to the exanthemata in man.
3. It is both infectious and contagious.
4. It is communicable from ox to ox, from sheep to sheep, and between these two classes of animals, by mere association.
5. It is also inoculable, by means of the discharges, from bullocks to sheep, from sheep to bullocks, and to each other respectively.
6. The disease, as seen in sheep, is identical in nature with that of bullocks, but is milder in type, and is also modified as to its *post-mortem* appearances.

The announcement that Prof. Simpson, of Edinburgh, has received knighthood from the British Government will be read with great pleasure by his numerous friends in this country.

Dr. Jules Worms states that the number of patients attacked by cholera while in the Parisian hospitals was, in 1849, 33 per cent. of those admitted into the hospitals suffering from cholera; in 1854 it was 44 per cent. In the Hôpital de la Charité 89 home cases occurred for every 100 received in 1849; and in 1854, 94 for every 100. Briquet states that before Oct. 9, 1854, no case of cholera had occurred at La Charité. On the 9th and 14th, two cholera patients were received, and from the 15th to the 19th eight cases of cholera broke out in patients placed near to one or other of the cholera cases. In the wards of M. Recamier a patient died of cholera. The next six patients who occupied his bed were seized with cholera while in the hospital and died with it.

The small people of Equatorial Africa, recently discovered by Du Chaillu about 1° and 2° south latitude and 12° east longitude, are de-

scribed as of migratory habits and as changing their temporary shelter under trees from one place to another. While the inhabitants of this mountain region are lighter in color than those of the seashore, these Obongo are still less dark. They have only short tufts of hair upon their heads, and are thus strikingly distinguished from the settled inhabitants, who wear large turrets of hair upon their heads. They have a wild, anxious, and timorous expression in their eyes, and although I gave many beads to entice them to remain, and was brought to them stealthily by the natives, all the men except a young adult disappeared, leaving a few women behind. It would appear that my visit alarmed them, for, although I staid a week in the adjacent village, the Obongo were no more to be heard of. The following are the measurements I was enabled to make:—The only adult male measured 4 feet 6 inches, but as one of the women reached 5 feet $\frac{1}{4}$ inch (she being extraordinarily tall), I have no doubt some of the men are equally tall and some perhaps taller. The other women I measured had the following height:—4 feet 1 inch, 4 feet $7\frac{1}{4}$ inches, 4 feet 5 inches, and the smallest 4 feet $\frac{1}{4}$ inch. I thought, after looking at the whole group of adult women, that their average height was from 4 feet 5 inches to 4 feet 6 inches. The smallest woman had the largest head, 1 foot $10\frac{1}{2}$ inches in circumference; the smallest was 1 foot 9 inches round.

Annual Meeting of the New York State Medical Society.—The fifty-ninth annual meeting was held at Albany on Feb. 7th, the session lasting three days, and was largely attended by the best physicians in the State. The inaugural address was delivered by the President, Dr. H. W. Dean, of Rochester. Among a great variety of scientific papers presented for publication was one by Dr. Squibb, of Brooklyn, on the materia medica, accompanied by resolutions, which were adopted and ordered by vote to be presented to the different State Medical Societies, with the request that they take similar action.

Dr. Corliss gave a very interesting account of his visit to the Connecticut and Massachusetts State Medical Societies. Resolutions were presented by committees and adopted in reference to the decease of Dr. Blatchford, a former President of the Society, of Dr. S. D. Willard, late Secretary, and of Dr. William Taylor. A committee was also appointed to draft resolutions on the death of Dr. Mott, for publication.

Resolutions were adopted concurring in the views of the Council of Hygiene concerning Cholera, and acknowledging thanks for their efforts and for those of Drs. Sayre, Murphy and Swinburne, and recommending that the pamphlet published by these parties be distributed publicly.

The committees on the Merritt and the Brinsmade Prizes stated that no essays complying with the necessary conditions had been presented.

The following gentlemen were elected officers for the ensuing year:

President—Joseph C. Hutchinson, M.D., of Brooklyn; *Vice President*—Julien T. Williams, M.D., of Dunkirk, Chataque Co.; *Secretary*—William H. Bailey, M.D., of Albany; *Treasurer*—J. V. P. Quackenbush, M.D., of Albany.

Delegates to the National Quarantine Convention.—Dr. Elisha Harris,

Dr. James R. Wood, John H. Griscom, Augustus Willard, John Swinburn, A. N. Bell, John W. Green, John Ordronaux, Alden March.

Delegates to the Connecticut State Medical Society.—G. J. Fisher, N. C. Husted, B. P. Staats, J. H. Curry, J. T. Williams.

Delegates to the Massachusetts State Medical Society.—Dr. Joseph Bates, Henry S. Downs, Samuel Hart, E. S. F. Arnold.

Delegates to the New Hampshire State Medical Society.—Dr. E. R. Peaslee, Dr. Samuel Shumway, Dr. Hiram Corliss.

Delegates to the Vermont State Medical Society.—Dr. E. W. Howard, Dr. John H. Mooers, Dr. Wm. D. Seymour, Dr. Wm. H. Richardson.

We have received the sixth and seventh Annual Report of the Chicago Charitable Eye and Ear Infirmary, at which 900 patients have been treated during the past two years. The attending Surgeons are Drs. Edward L. Holmes and Edwin Powell. We congratulate our Chicago brethren on having among them an oculist so thoroughly educated as Dr. Holmes.

The Naval Medical Board, recently in session in Philadelphia, Pa., have examined the following assistant surgeons and have found them qualified for passed assistant surgeons, the names standing in the order of merit:—

1. G. H. E. Baumgarten.	14. Thomas Hiland.	27. Edward D. Payne.
2. Robert T. Eder.	15. Wm. T. Plant.	28. Samuel F. Shaw.
3. Louis Zewzen.	16. Edward R. Dodge.	29. Joseph Hogg.
4. John H. Clark.	17. Douglass R. Bannan.	30. Charles H. Giberson.
5. John D. Murphy.	18. Charles H. White.	31. John T. Luck.
6. Adolph A. Hoehling.	19. George N. Woods.	32. George R. Brush.
7. Benjamin H. Kidder.	20. Frank L. Dubois.	33. Edward C. Vermeulen.
8. Newton H. Adams.	21. George H. Cooke.	34. Charles J. S. Wells.
9. George D. Slocum.	22. Luther M. Lyon.	35. Edward Kersheer.
10. James J. Aillingham.	23. Heman P. Babcock.	36. Henry S. Pitkin.
11. Wm. K. Van Reypen.	24. Gustavus S. Franklin.	37. John B. Ackley.
12. Thomas C. Walton.	25. Thomas N. Penrose.	38. Wm. S. Fort.
13. Theodore Woolverton.	26. William H. Johnson.	

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, FEBRUARY 10th, 1866.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	40	38	78
Ave. mortality of corresponding weeks for ten years, 1856—1866	38.6	39.5	78.1
Average corrected to increased population	00	00	85.07
Death of persons above 90		0	0

BOOKS AND PAMPHLETS RECEIVED.—The Malformations, Diseases and Injuries of the Fingers and Toes, and their Surgical Treatment. By Thomas Annandale, F.R.C.S. Edin., Lecturer on Surgery, and Surgeon to the Edinburgh Royal Dispensary. The Jacksonian Prize Essay for the year 1864. Philadelphia: J. B. Lippincott & Co.—Contributions to Bone and Nerve Surgery. By J. C. Nott, M.D., Professor of Surgery in Mobile Medical College. Philadelphia: J. B. Lippincott & Co.

DEATHS IN BOSTON for the week ending Saturday noon, February 10th, 78. Males, 40—Females 38. Accident, 1—anemia, 1—aneurism, 1—disease of the bowels, 1—congestion of the brain, 1—disease of the brain, 5—bronchitis, 3—cancer, 1—consumption, 15—convulsions, 3—croup, 5—diphtheria, 3—dropsy of the brain, 3—erysipelas, 1—scarlet fever, 1—typhoid fever, 1—gastritis, 1—infantile disease, 1—disease of the liver, 2—congestion of the lungs, 1—inflammation of the lungs, 11—marasmus, 2—old age, 1—paralysis, 2—peritonitis, 2—puerperal disease, 2—smallpox, 1—starvation, 1—unknown, 5.

Under 5 years of age, 34—between 5 and 20 years, 4—between 20 and 40 years, 18—between 40 and 60 years, 11—above 60 years, 11. Born in the United States, 60—Ireland, 16—other places, 2.